

POSITION	ID NO.	DATE
CLASSIFIER		
EXAMINER		
TYPIST		
VERIFIER		
CORPS CORR.		
SPEC. HAND		
FILE MAINT.		
DRAFTING		

## INDEX OF CLAIMS

Claim	Date	
Final		
Original		
3	9	
57	8	
98	18	
1	1	=
2	✓	
3	✓	
4	✓	
5	✓	
6	✓	
7	✓	
8	✓	
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## SYMBOLS

- ✓ ..... Rejected
- = ..... Allowed
- (Through number) ..... Canceled
- + ..... Restricted
- N ..... Non-elected
- I ..... Interference
- A ..... Appeal
- O ..... Objected

Claim	Date
Final	
Original	
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